## To: Office of the Attorney General

## COMMERCIAL FUNDRAISER FOR CHARITABLE PURPOSES VEHICLE DONATION PROGRAM ANNUAL FINANCIAL REPORT FOR 2005

Name and Address of Commercial Fundraiser:		Name and Address of Charitable Organization:	
CF Number 1237		CT Number 48645 √	F.E.I.N. No. 94-2831592
Donate For Charity		Marin Conservation Corps	
Name of Commercial Fundraiser		Name of Charity	
1436 Second St Suite 258 Address of Commercial Fundraiser		17 Larkspur Street Address of Charity	
Napa, CA 94559	San Rafael CA	94901	
City, State, and ZIP Code of Commercial Fundralser		City, State, and ZIP Code of Charity	
Vehicle donation processing (Type of Activity)  1. REVENUE A. Car/Truck Sales B. Boat Salos C. Real Estate Sales	allifornia Campaign <b>g</b> held (on) (from) <u>January 1.</u>	\$450.00 A. \$0.00 B. \$0.00 C.	er 31. 20 <u>05</u>
D. Other sources: (Specify) a. Motorcycle Sales b. RV Sales c		\$0,00 Da. \$0,00 Db. Dc. Dd.	
E. TOTAL REVENUE 2. EXPENSES		1	\$450.00_ E.
A. Fees or commissions paid by commercial fundralse B. Salaries C. Payroll Taxes D. Employee Benefits E. Towing F. Vehicle Repairs G. Parts H. DMV Fees I. Appraisals J. Detailing K. Advertising L. Telephone M. Other expenses (Specify) a. Auction Fees b. Administrative Fees c. d. N. TOTAL EXPENSES		\$70,50 A. B. C. D. \$70,00 E. F. G. H. I. J. K. L. \$75,00 Ma. \$70,00 Mb. Mc. Md.	\$285.50 N.
3. Distribution or net to charitable organization or charitable purposes			<u>\$164.50</u> 3.
4. Less additional expenses relating to operation of vehicle donation program paid by charity4.			
5. Total Amount charity realized from operation of vehicle donation program			<u>\$164.50</u> 5. /
<ol> <li>(a) Does any officer, director, partner or owner of the Commercial Fundraiser have any affiliation with or control, directly or indirectly, the charitable organization for which the commercial fundraiser has contracted to solicit?</li> <li>[ ] Yes [X] No <u>If "yes" complete the following:</u></li> </ol>			
Name of officer, director, partner or owner of Commercial Fundraiser	Name and address of charitable organization		elationship of officer, etc. o charitable organization
b) For each affiliation identified in 6(a), attach copy of	the contract between the commer	rial fundraiser and the charity	

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete